

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1803	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2012
NAME OF PROVIDER OR SUPPLIER WYNDRIDGE HEALTH AND REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 456 WAYNE AVENUE CROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments During the investigation of complaint #30487 conducted during the annual Licensure survey on December 17, 2012, through December 19, 2012, no deficiencies were cited in relation to the complaint under 1200-8-6 Standards for Nursing Homes.	N 000		
N 201	1200-8-6-.02(1) Licensing Procedures (1) No person, partnership, association, corporation, or any state, county or local governmental unit, or any division, department, board or agency thereof, shall establish, conduct, operate, or maintain in the State of Tennessee any nursing home without having a license. A license shall be issued only to the applicant named and only for the premises listed in the application for licensure. Satellite facilities shall be prohibited. Licenses are not transferable or assignable and shall expire annually on June 30th. The license shall be conspicuously posted in the nursing home. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to conspicuously post the Nursing Home License. The findings included: Observation on December 19, 2012, at 8:30 a.m., in the business office, revealed the Nursing Home License posted on the wall inside the business office not visible to the public. Interview on December 19, 2012, at 8:30 a.m., with the Administrator, in the business office,	N 201	The nursing facility license was moved to the central hallway where other public notices are placed. Permanent placement of this license will be monitored by the Administrator.	12/27/2012

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

6899

R11S11

If continuation sheet 1 of 2

JAN 02 2013

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1803	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2012
NAME OF PROVIDER OR SUPPLIER WYNDRIDGE HEALTH AND REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 456 WAYNE AVENUE CROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 201	Continued From page 1 confirmed the Nursing Home License was not conspicuously posted.	N 201		

JAN 02 2013